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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/574,438	06/25/2007	Raymond Nadeson	210174.401USPC	9722

500 7590 09/13/2011

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EXAMINER	
RAO, SAVITHA M	

ART UNIT	PAPER NUMBER
1629	

MAIL DATE	DELIVERY MODE
09/13/2011	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	10/574,438	NADESON ET AL.	
	Examiner	Art Unit	
	SAVITHA RAO	1629	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *31 March 2011*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *43-49 and 51* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *43-49 and 51* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☒ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☒ All b)☐ Some * c)☐ None of:

1.☒ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Claims 43-49 and 51 are pending.

A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 03/31/2011 has been entered.

Receipt and consideration of Applicants' amended claim set and remarks/arguments filed on 03/31/2011 are acknowledged. Claim 51 is amended; Claims under consideration in the instant office action are claims 43-49 and 51.

Applicants' arguments, filed 03/31/2011, have been fully considered but they are not deemed to be persuasive. Rejections and/or objections not reiterated from previous office actions are hereby withdrawn. The following rejections and/or objections are either reiterated or newly applied. They constitute the complete set presently being applied to the instant application.

Specification

The disclosure is objected to because of the following informalities: On page 26, lines 3 of the disclosure, applicants recite "... said subject, an effective amount of an a **disease condition** and an amount of flupirtine..." and in line 7-8 applicants recite "Administration of the disease condition may be sequential or simultaneous or

independent of the flupirtine". The term "disease condition' used in context in the above sentences is inappropriate and appropriate correction is required.

Claim Rejections - 35 USC § 112

(New matter rejection)

This rejection is necessitated by the newly submitted claims filed on 10/17/2008

> The following is a quotation of the first paragraph of 35 U.S.C. 112:
> The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

Claim 43 and dependent claims 44-49 and 51 are rejected under 35 U.S.C. 112, first paragraph, as failing to comply with the written description requirement. The claim(s) contains subject matter which was not described in the specification in such a way as to reasonably convey to one skilled in the relevant art that the inventor(s), at the time the application was filed, had possession of the claimed invention. Claim 43 recites "non-cancer related neuropathic pain". The disclosure as filed fails to recite the specific neuropathic pain which is non-cancer related. While the disclosure recites, cancer associated neuropathic conditions, inflammatory condition associated neuropathic conditions, and neuropathic pain associated with neurological conditions (instant disclosure pages 20-25). There is no recitation of the non-cancer related neuropathic pain or conditions in the instant disclosure. Consequently, there is nothing within the instant specification which would lead the artisan in the field to believe that the Applicant was in possession of the invention as it is now claimed. See *Vas-Cath Inc. v. Mahurkar*,

19 USPQ 2d 111, CAFC 1991, see also *In re Winkhaus*, 188 USPQ 129, CCPA 1975. Accordingly, claims 6 and 7 are properly rejected under 35 U.S.C. 112 for new matter addition in the claims. Accordingly, claim 1 is properly rejected under 35 U.S.C. 112 for new matter addition in the claims.

Claim Rejections - 35 USC § 112

The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

Claim 43 and dependent claims 44-49 and 51 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

Claim 43 is vague and indefinite in that the metes and bounds of the "non-cancer related" are unclear. The term "non-cancer related neuropathic pain" is unclear because there is no clear definition as to what are such non-cancer conditions which are associated with neuropathic pain. Cancer when read broadly encompasses different conditions such as inflammation, different types of pain and other conditions. As such neuropathic pain which is associated with these conditions such as inflammation or chemotherapy would be considered to be related to cancer. The neuropathic pain in cancer may be due to the tumor pressing against the nerve or the effect of the chemotherapy and radiation therapy on the nervous system.

Claim Rejections - 35 USC § 103

New grounds of rejection

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

The factual inquiries set forth in *Graham* **v.** *John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1. Determining the scope and contents of the prior art.
2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.
4. Considering objective evidence present in the application indicating obviousness or nonobviousness.

This application currently names joint inventors. In considering patentability of the claims under 35 U.S.C. 103(a), the examiner presumes that the subject matter of the various claims was commonly owned at the time any inventions covered therein were made absent any evidence to the contrary. Applicants' are advised of the obligation under 37 CFR 1.56 to point out the inventor and invention dates of each claim that was not commonly owned at the time a later invention was made in order for the examiner to consider the applicability of 35 U.S.C. 103(c) and potential 35 U.S.C. 102(e), (f) or (g) prior art under 35 U.S.C. 103(a).

Claims 43-45, 48- 49 and 51 are rejected under 35 U.S.C. 103(a) as being unpatentable over Nickel et al. (US 5,521,178) in view of Williams et al. (US 2004/0076648), Chizh et al. (US 2004/0092531) and Schwarz et al. (US 5,721,258).

Nickel et al. teach that flupirtine is an analgesic with muscle-relaxing components of action (col.2, lines 1-3) and teach administration of flupirtine in combination with morphine for treatment of pain wherein it was demonstrated that the combination provided an increase in analgesic activity and furthermore flupirtine weakens morphine induced tolerance, physical dependence and behavior changes (col.2, lines 45-50). Finally Nickel et al. discloses a method of providing an analgesic effect in a patient in need therefor which comprises concurrently administering 5 mg/kg of flupirtine and 2.5 mg/kg to 10 mg/kg morphine , wherein the analgesic effect of morphine is preserved and potential for developing chemical dependence on the morphine is reduced in the patient (reference claim 3).

Nickel et al. fails to teach that the analgesic effect of the combination is on neuropathic pain.

However, Williams et al. teaches that compositions and methods of treating neuropathic pain with a combination of anti-depressant and a NMDA receptor antagonist [0052-0054]. William's et al. teaches "flupirtine" and "ketamine" as the NMDA receptor antagonists useful in their invention([0093] and [0106] and teaches the concentration of the NMDA receptor antagonists in their inventive composition to be 0.1% to 5% of the total weight of the composition [0109]. Williams et al, their inventive compositions to be useful in the method of treating pain related to or induced by the following diseases, trauma, or conditions: general neuropathic conditions, which includes peripheral neuropathy, reflex-sympathetic dystrophy, and painful scar; specific neuralgias at any location of the body; back pain; diabetic neuropathy; alcoholic

neuropathy; metabolic neuropathy; inflammatory neuropathy, herpetic neuralgias; spinal-cord-injury; stroke; fibromyalgia; burns involving nerve damage; AIDS-related pain syndromes; connective tissue disorders, such as systemic lupus erythematosis, systemic sclerosis, polymyositis, and dermatomyositis; and inflammatory conditions, such as acute inflammation (e.g. trauma, surgery and infection) or chronic inflammation among others [0054]. Williams et al. further teaches that their compositions can additionally include local anesthetics, which include opioids such as morphine [0138 and 0140]. Accordingly, Williams et al. provides one of ordinary skill in the art motivation to utilize flupirtine in combination with opioids in the treatment of neuropathic pain.

Further, Chizh et al. teaches a combination of active ingredients which comprises at least on opioid compound with the fentanyl-type structure and a ketamine which is an NMDA antagonist [0009] and [0004] and their ability to show a lasting analgesic effect in controlling pain especially for controlling neuropathic pain [0014 and 0031]. Chizh et al. discloses that the undesirable side effect which occurs with the administration of either the NMDA antagonist alone or the opioid alone does not occur or occurs for a considerable shorter period of time when the two are administered together [0003-0004] and [0014]. Chizh et al. teaches that the medicament formulation of their invention is suitable for oral, intravenous, transdermal etc. administration [0035]. Finally Chizh et al. teaches that the lasting analgesic effect of their inventive composition has the advantage that the daily dose of active components a)fentanyl and b)Ketamine required for effective pain control can be reduced consequently reducing undesirable side effects which usually occur with the administration of active components fentanyl or

ketamine singly, such as respiratory depression, vomiting, dependency, sedation, constipation, the development of tolerance, hallucinogenic effects, impaired coordination, or itching [0051]

Schwarz et al. teaches that Flupirtine is useful in the treatment of an acute states of pain, and in patients with nerve pains, cancer pain, vasomotor and migraine headaches, post-operative pain, after injuries, burns, erosions, in dysmenorrhea and toothache (col.1,lines 36-41). Schwarz et al. further teaches the co-administration of the excitatory amino acid N-methyl-D-aspartate (NMDA) reduces the muscle-relaxant effect of flupirtine and teaches that the effect of flupirtine is, inter alia, mediated via inhibition of the transmission mediated via NMDA receptors. As such, Schwarz et al. explicitly teaches the utility of flupirtine in the treatment of neuropathic pain and that flupirtine acts as an antagonist of NMDA receptor.

In view of the foregoing references, It would have been *prima facia* obvious to employ the combination of flupirtine and an opioid analgesic, such as morphine for the treatment of neuropathic pain, motivated by the teaching of Nickel et al. who teach that flupirtine is a centrally acting analgesic (see introduction) and that enhances the analgesic effects of opioids, such as morphine for treatment of pain and the teaching of Schwarz et al. who teaches that flupirtine is effective in treatment of different types of pain including nerve pain, and the teaching of Williams et al who teaches the effectiveness of flupirtine (NMDA antagonist) in the treatment of neuropathic pain and Chizh et al. who teaches the combination of an opioid such as fentanyl and an NMDA antagonists ketamine to be useful in the treatment of neuropathic pain. Motivation,

comes from the prior art teachings that the NMDA antagonists such as ketamine when used in combination with opioid reduces the side effects associated with the opioid (Chizh et al.) and that flupirtine which is a NMDA antagonist (William et al. and Schwarz et al.) weakens morphine induced tolerance, physical dependence and behavior changes (Nickel et al.) Accordingly, One skilled in the art, such as a pain management specialist, would have been motivated to employ the combination of flupirtine and morphine taught by Nickel et al. for the treatment of neuropathic pain, motivated by the teachings of Nickel et al., William et al. and Chizh et al. with a reasonable expectation of success that such a treatment protocol would result in enhanced analgesic activity against neuropathic pain with reduced side effects.

Moreover, both flupirtine and opioid analgesics are individually known in the art as agents for treating neuropathic pain (as taught by the references above) whose efficacy when administered alone is well established for the treatment of a neuropathic pain arising due to varied conditions. It is generally obvious to combine two compositions, each of which is taught by the prior art to be useful for the same purpose, in order to form a third composition to be used for the very same purpose. In re Kerkhoven, 205 U.S.P.Q. 1069 (CCPA 1980). The idea for combining said compositions flows logically from their having been individually taught in the prior art. In re Crockett, 126 U.S.P.Q. 186, 188 (CCPA 1960). Accordingly, to establish obviousness in such fact situations it is NOT necessary that the motivation come explicitly from the reference itself (although the Examiner believes it does, as discussed supra). The natural presumption that two individually known analgesic drugs would, when combined,

provide a third composition also useful for treating neuropathic pain flows logically from each having been individually taught in the prior art. Applicant has presented no evidence (e.g. unexpected results) to rebut this natural presumption. Further, it is clear from the prior art that flupirtine potentiates the analgesic effect of opioid such as morphine and NMDA antagonist (ketamine, flupirtine) when used in combination with an opioid (fentanyl) decreases side effects, thereby increasing efficacy One skilled in the art would have been imbued with at least a reasonable expectation that flupirtine would also potentiate the effect of the morphine in the treatment of neuropathic pain.

With regards to instant claim 44, Chizh et al. teaches the concomitant administration of fentanyl and ketamine and accordingly, it would have been obvious to an ordinarily skilled artisan to optimize the sequence of administration of the two drugs in an effort to obtain maximum benefit.

Claim 46 is rejected under 35 U.S.C. 103(a) as being unpatentable over Nickel et al. (US 5,521,178). in view of Williams et al. (US 2004/0076648) , Chizh et al. (US 2004/0092531) and Schwarz et al. (US 5,721,258) as applied to claims 43-45, 48-49 and 51 above, and further in view of Perovic et al (Neurodegeneration, Vol. 4 pages 369-374 (1995), reference already of record)).

Nickel et al., William et al., Chizh et al. and Schwarz et al. fails to teach the limitation wherein the opioid does not induce overt sedation in the presence of flupirtine.

However, Perovic et al. teach that flupirtine is a clinically safe compound with drowsiness reported in only 10% of cases (page 373, column 2). Since the dosage of

the opioid is not disclosed, then the claim encompasses an almost negligible amount of opioid and as such overt sedation would not occur since it is dose related.

It would have been made obvious to one of ordinary skill in art at the time it was made to employ a non-sedating combination of flupirtine and an opioid motivated by the teaching of Perovic et al. that flupirtine caused drowsiness in only 10 % of cases combined with the well-known fact that sedation of opioid analgesics is dose related and since the claims do not disclose the dosage, they encompass a negligible amount of opioid. Further, Nickel et al. teach that flupirtine weakens morphine induced behavior changes (see methods/results). One having ordinary skill in the art at the time the invention was made would reasonably deduce that sedation is one of the primary behavior changes that morphine induces.

Response to applicant's arguments filed on 03/31/2011:

Applicant's arguments with respect to the previous rejection of the claims over Davis et al. have been considered but are not persuasive in light of this new ground of rejection necessitated by Applicant's amendments to the claims. However, in the interest of a full prosecution history, the Examiner will address Applicant's arguments as they pertain to the present rejection

Applicant traverses the above rejection with the following arguments:

Applicant's traversal arguments for this rejection have been fully considered, but are not found to be persuasive.

a. The cited references fail to provide a reasonable expectation of success for methods of treating neuropathic pain. Williams's et al requires the presence of an anti-depressant and they mischaracterized flupirtine as and NMDA receptor antagonist.

This argument by the applicant is found to be unpersuasive. As noted in the new grounds of rejection above, Schwarz et al. also characterizes flupirtine as an NMDA antagonist and further substantiates it with the fact that the co-administration of the excitatory amino acid N-methyl-D-aspartate (NMDA) reduces the muscle-relaxant effect of flupirtine and teaches that the effect of flupirtine is, inter alia, mediated via inhibition of the transmission mediated via NMDA receptors. Applicants refer to Kornhuber et al. as showing that flupirtine has no NMDA receptor antagonist activity at physiologically relevant concentrations is unpersuasive. The instant references Williams et al. and Schwarz et al. explicitly disclose that flupirtine behaves as an NMDA antagonist and as being useful in the treatment of pain which includes neuropathic pain. Kornhuber et al. disclose that the therapeutically relevant analgesic plasma concentrations of flupirtine are in the low micromolar range and while flupirtine may not directly bind to the NMDA receptor it acts functionally like an NMDA receptor antagonist (see page 864, under Global model and summary). As such Kornhuber et al. suggest that Flupirtine and other NMDA receptor antagonists such as ketamine are functional equivalents. Substituting equivalents, namely opioid antagonists, motivated by the reasonable expectation that the respective species will behave in a comparable manner or even provide comparable results in related circumstances, see *In re Ruff*, 256 F.2d 590, 118 USPQ 340 (CCPA 1958) is prima facie obvious. Moreover, the express suggestion to substitute one

equivalent for another need not be present to render the substitution obvious, see *In re Font* 213 USPQ 532. Due to the fact that Williams et al. teach and provide the skilled artisan with the necessary motivation to use a therapeutic amount of a NMDA receptor antagonists such as ketamine or flupirtine in their invention for the treatment of a neuropathic pain, and the fact that flupirtine is known in the art as being useful in the treatment of neuropathic pain as taught by (Schwarz et al.), one having ordinary skill in the art is clearly provided with direction and ample motivation to use Flupirtine instead of ketamine as an NMDA antagonists for treating pain including neuropathic pain, motivated by the reasonable expectation that the respective species will behave in a comparable manner or even provide comparable results in related circumstances, see *In re Ruff*, 256 F.2d 590, 118 USPQ 340 (CCPA 1958) .

With regards to applicants arguments with reference to clinically relevant concentrations, it is noted that the features upon which applicant relies (i.e., clinically relevant concentrations) are not recited in the rejected claim(s). Although the claims are interpreted in light of the specification, limitations from the specification are not read into the claims. See *In re Van Geuns*, 988 F.2d 1181, 26 USPQ2d 1057 (Fed. Cir. 1993).

With regards to the argument that Williams et al. teach an antidepressant in their composition, it is noted that the instant claims are drawn to" a method for inducing an analgesic response to neuropathic pain in a mammal, said method comprising..." It is noted that the "comprising" language of the instant claims is open language that does not preclude the addition of other therapeutically active agents. Please see M.P.E.P. 2111.03

b. Secondary consideration of Non-obviousness. Synergistic effects of the presently claimed subject matter are greater than expected from the art to an unobvious extent and provide significant practical advantages in the treatment of neuropathic pain and are commensurate in scope with the claims. The combination synergistically enhances the analgesic activity of a given opioid dosage, without increasing sedation, a side-effect common to both agents.

Examiner finds this argument unpersuasive.

First, the teachings of the prior art of both flupirtine and opioid individually showing analgesic activity in neuropathic pain is ample motivation for an ordinarily skilled artisan to develop a therapeutic regime comprising a combination of these two drugs. It is generally obvious to combine two compositions, each of which is taught by the prior art to be useful for the same purpose, in order to form a third composition to be used for the very same purpose. In re Kerkhoven, 205 U.S.P.Q. 1069 (CCPA 1980). As such Applicants are reminded that a "synergistic" effect is not per se unexpected. The skilled artisan would expect that a combination of Compound A and Compound B both of which have the same therapeutic effect would: 1) additive effect); 2) synergistic effect or 3) antagonistic effect. The fact that Applicants have shown that a combination of flupirtine and opioids is synergistic demonstrates one of three expected results. Similarly, if Applicants had shown an additive effect, this too would have been expected. By asserting that a synergistic result is "unexpected Applicants are implying that only an additive or antagonist effect would be expected. This is simply not the case, especially

in a combination of flupirtine and other analgesic drugs, which have been shown in the prior art to have potentiating effect. Evidence of a greater than expected result may also be shown by demonstrating an effect which is greater than the sum of each of the effects taken separately (*i.e.*, demonstrating "synergism"). *Merck& Co. Inc. v. Biocraft Laboratories Inc.*, 874 F.2d 804, 10 USPQ2d 1843 (Fed. Cir.), cert. denied, 493 U.S. 975 (1989). However, a greater than additive effect is not necessarily sufficient to overcome a *prima facie* case of obviousness because such an effect can either be expected or unexpected. Applicants must further show that the results were greater than those which would have been expected from the prior art to an unobvious extent, and that the results are of a significant, practical advantage. *Ex parte The NutraSweet Co.*, 19 USPQ2d 1586 (Bd. Pat. App. & Inter. 1991). In this case, where the prior art suggests and motivates the treatment of neuropathic pain by administration of a combination of flupirtine and opioid analgesics, it is obvious to combine flupirtine with other known analgesics in the treatment of neuropathic pain. One skilled in the art would reasonably expect that flupirtine which is already known to be useful in treating pain including nerve pain can be combined with opioid analgesics which is also known to be useful in the treatment of neuropathic pain would provide synergistic effect in the treatment of neuropathic pain/ Given the known efficacy of both flupirtine and opioid analgesics in the treatment of neuropathic pain when administered alone or in combination with other analgesics, the skilled artisan would expect that the combination of flupirtine with opioids would also be effective in the treatment of neuropathic pain. Furthermore, in view of the fact that flupirtine has been shown to be additive or

synergistic when combined with opioid analgesics in the treatment of pain and that flupirtine decreases the side effects associated with opioids, the skilled artisan would not find it "unexpected" that flupirtine when combined with opioid analgesics is also synergistic.

Secondly, with regards to applicants argument that the combination does not increase sedation, a side effect common to both agents, examiner it is again noted that the features upon which applicant relies (i.e., clinically relevant concentrations) are not recited in the rejected claim(s). Although the claims are interpreted in light of the specification, limitations from the specification are not read into the claims. See *In re Van Geuns*, 988 F.2d 1181, 26 USPQ2d 1057 (Fed. Cir. 1993).

Accordingly, the arguments set forth by the applicant are unpersuasive and the rejection is maintained.

Conclusion

Claims 43-49 and 51 are rejected. No claims are allowed

Any inquiry concerning this communication or earlier communications from the examiner should be directed to SAVITHA RAO whose telephone number is (571)270-5315. The examiner can normally be reached on Mon-Fri 7 am to 4 pm. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Jeffrey Lundgren can be reached at 571-272-5541. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/SAVITHA RAO/
Examiner, Art Unit 1614